PATENT APPLICATION FEE DETERMINATION RECORD

. Effective December 29, 1999

CLAIMS AS FILED - PART I

Application or Docket Number



CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		ſ	RATE	FEE		RATE	FEE
BASIC FEE							-			345.00	OR		690.00
TOTAL CLAIMS			/50 minus 20=						X\$ 9=		OR	X\$18=	180
IND	EPENDENT CL	AIMS	9	minus	3 =	•	l	ľ	X39=	·	OR	X78=	195
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	·	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	पपर्
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAI REMAI AFT AMEND	IMS INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	•	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 34	,	Minus .	••	30	= 4		X\$ 9=		OR	X\$18=	72
AME	Independent	• 4		Minus	***	4	=		X39= `		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	-	OR	+260=	
•			•					,	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	72-
	(Column 1) (Column 2) (Column 3)												
AMENDMENT B	810/06	CLA REMA AFT AMEND	INING ER		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRÀ		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 2	7	Minus	**	34	=		X\$ 9=		OR	X\$18=	
	Independent	• -	7.	Minus	***	4	-3		X39=		OR	X76=	600-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	000
	•					•		l	TOTAL		OR	TOTAL	
ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE													
AMENDMENT C		CLA REMA AFT AMENI	IMS INING IER		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**	<u>.</u>	= .		X\$ 9=		OR	X\$18=	Ĭ
	Independent	•		Minus	••		=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											- 13		
+130= If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
" If the entry in column 1 is less than the entry in column 2, write "U" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADDIT. FEEO													
	The "Highest Nur							er fou	ınd in the ap	propriate bo	x in co	lumn 1.	•

FORM PTO-875 (Rev. 12/99)

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